

2014 Medicare Program Overview with Fitness Benefit

Designed for Lake County Board of County Commissioners Retirees Eligible for Medicare

Florida Blue is an
Independent Licensee of
the Blue Cross and Blue
Shield Association.
Florida Blue is a Medicare
Advantage organization
with a Medicare contract.
Florida Blue is a Medicare-
approved Part D sponsor.



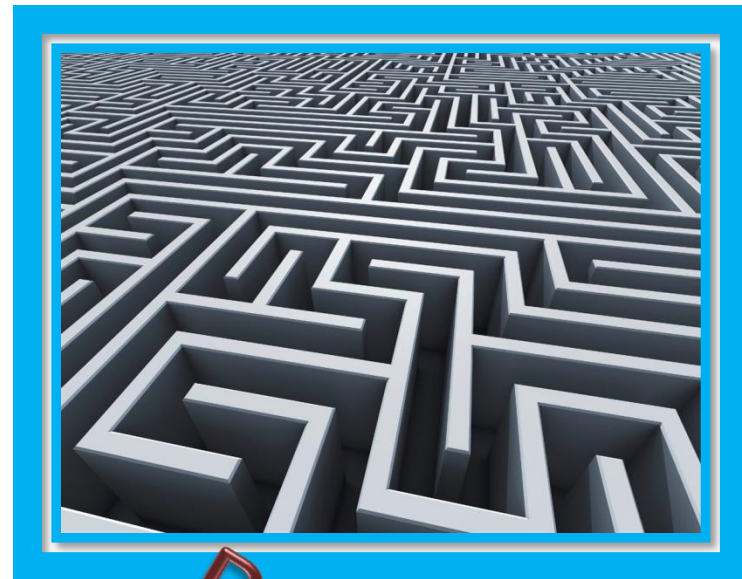
What Is Medicare?

The Federal program that provides health care coverage to individuals who are age 65, under age 65 with certain disabilities, and individuals of any age who have End Stage Renal Disease (ESRD).

It is made up of Parts A, B, C and D.

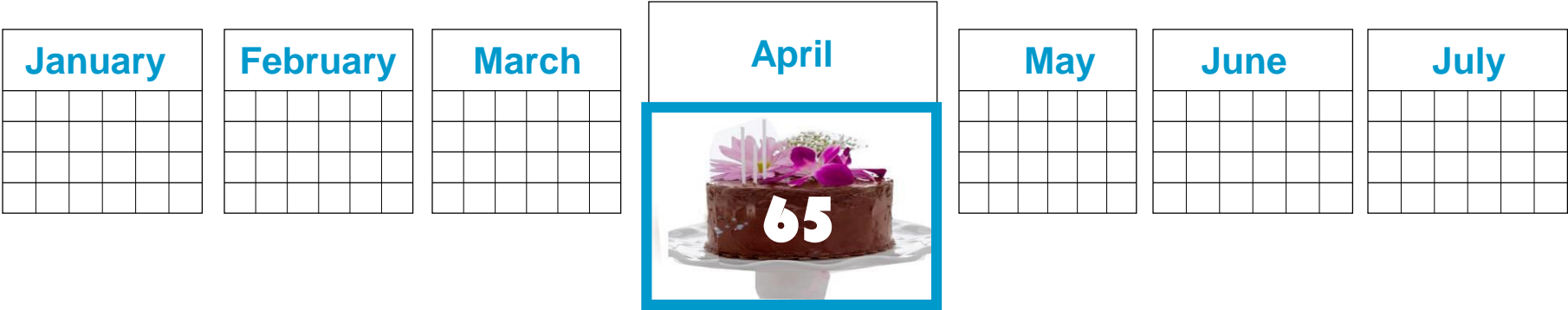
You may be responsible for Part A and/or Part B deductibles, coinsurances, and prescription costs; and be faced with new and confusing terms.

Lost in the maze yet?



Part A Part B
Part D Part C

- Enrollment in Part A and Part B is automatic if you are already receiving Social Security benefits prior to your 65th birthday.
- If you were not automatically enrolled in Part A and Part B prior to your 65th birthday – you can enroll during the 7-month window around your 65th birthday.



← **Enroll in Medicare** →

Should I Enroll In Both Medicare Parts A & B?

- **Everyone should enroll in Medicare Part A**
 - It is free (for most people).
 - It will act as a second payer if you are actively employed with group benefits.
- **You should enroll in Medicare Part B if:**
 - You are not actively working and are enrolled in a retiree health plan or COBRA. They do not count as current employer coverage, and you may be charged a Part B late-enrollment penalty if you do not enroll when you are first eligible.



What are your Medicare Coverage Choices?

ORIGINAL MEDICARE

Consists of:

Medicare Part A (Inpatient Hospital, Skilled Nursing, Home Health and Hospice care)

Medicare Part B (Outpatient services & physician care)

For most services, requires you to pay a portion of costs when services are rendered

Widely accepted by providers nationwide

Does not provide coverage for most prescription drugs

Purchasing a Medicare Supplement Insurance (Medigap) plan and/or a Medicare Part D prescription drug plan can help you reduce out-of-pocket costs associated with Medicare

OR

BlueMedicare MEDICARE ADVANTAGE

Replaces Original Medicare

Part of the Medicare program

Plans are sold by Florida Blue, which is contracted with Medicare

Often requires you to pay a copay when services are rendered

Usually requires adherence to a network of providers to lower your out-of-pocket costs

Includes Part D prescription drug coverage

Is NOT a Medicare Supplement policy, nor can a Medicare Supplement policy be purchased with one of these plans

Exploring Original Medicare

Some individuals are able to cover the costs associated with Original Medicare and elect no other coverage.

Keep in mind that these costs can be considerable; and prescription drugs, except in special situations, are not covered.

What You Pay for Original Medicare Services in 2014

Medicare Part A	Medicare Part B
Hospital (Inpatient) <ul style="list-style-type: none"> ▪ No monthly premium for most people ▪ \$1,216 deductible each benefit period for admissions of 1 – 60 days ▪ \$304 per day for days 61-90 each benefit period ▪ \$608 per day for days 91-150 each benefit period (lifetime reserve days) 	General <ul style="list-style-type: none"> ▪ Monthly Premium*: \$104.90 ▪ Deductible: \$147 per calendar year ▪ Cost sharing: 20% of the Medicare-approved amount for most services
Medicare-Certified Skilled Nursing Facility <ul style="list-style-type: none"> ▪ Covers up to 100 days each benefit period after at least a 3-day covered hospital stay ▪ \$0 copay for first 20 days ▪ \$152 per day for days 21-100 	Outpatient Mental Health <ul style="list-style-type: none"> ▪ 20% of the Medicare-approved amount for most outpatient mental health services
Home health care <ul style="list-style-type: none"> ▪ \$0 copayment for Medicare-approved home health care services 	Preventive Services <ul style="list-style-type: none"> ▪ \$0 copay for the Medicare-approved list of preventive services
Blood <ul style="list-style-type: none"> ▪ Entire cost for first three pints of blood 	Blood <ul style="list-style-type: none"> ▪ Entire cost for first three pints of blood as an outpatient, then 20% of the Medicare-approved amount for additional pints

* Individuals who have incomes over \$85,000 a year will pay more (see chart on next slide).

Medicare Part B Premiums for High-Income Earners for Calendar Year 2014 - IRMAA

Income-Related Medicare Adjustment Amounts

Based on 2012 yearly income filed to IRS		
<u>If You Filed Individual Tax Return and your income was:</u>	<u>If You Filed Joint Tax Return and your income was:</u>	<u>You Pay</u>
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	\$117.00
above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	\$136.00
above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	\$155.10
above \$214,000	above \$428,000	\$174.20

Medicare Assignment

- Physicians who accept Medicare “Assignment” have agreed to accept Medicare’s allowance as payment in full.
- In Florida, approximately 97% of providers accept Medicare Assignment.
- Medicare Limiting Amount – Physicians who do not accept Medicare Assignment may not collect more than 15% over the Medicare allowance.
- A physician who does not accept Medicare Assignment may require payment in full when services are rendered. Reimbursement will come from Medicare directly to the patient.
- Claim filing to Medicare is the physician’s responsibility whether or not they accept Medicare Assignment.



Medicare Part A and Part B make up Original Medicare

Part A helps cover:

- Inpatient hospital stays
- Skilled nursing facility care
- Home health care
- Hospice care
- Blood

Part B helps cover:

- Physicians' services
- Medical and other services
- Clinical laboratory services
- Outpatient hospital services
- Blood
- Part B now covers many preventive services at 100% with no deductible.



Medicare-Covered Immunizations

- **Annual Flu Shot**
 - ✓ No Cost under Original Medicare if provider accepts Medicare Assignment
 - ✓ No cost to Medicare Advantage members when in-network
- **Pneumonia Vaccine**
 - ✓ No cost under Original Medicare if provider accepts Medicare Assignment
 - ✓ No cost to Medicare Advantage members when in-network
- **Hepatitis B Vaccine**
 - ✓ Covered for people at high or medium risk
 - ✓ No cost under Original Medicare if provider accepts Medicare Assignment
 - ✓ No cost to Medicare Advantage members when in-network
- **Shingles Vaccine (Zostavax)**
 - ✓ Not covered by Original Medicare
 - ✓ Covered by Florida Blue Medicare Part D prescription drug plans
 - ✓ Florida Blue Medicare Advantage plans include this benefit. An office visit copay or administration fee is usually charged to administer vaccine, as well as the applicable prescription drug copay for the medication.



What Original Medicare Does Not Cover

- Acupuncture
- Most outpatient prescription drugs
- Insulin
- Syringes
- Routine eye exams and glasses
- Routine hearing exams and hearing aids
- Nursing home care (custodial care)
- Routine dental care
- Most care received outside the U.S.



What You Need To Know About Medicare Advantage Plans



What You Need to Know About Medicare Advantage:

What is it?	<ul style="list-style-type: none"> It's a Medicare program that <u>replaces</u> Original Medicare and/or the need for a supplemental insurance policy (you get coverage from a private, Medicare-contracted insurer instead of Original Medicare). Medicare Advantage is NOT a Medicare Supplement.
Who can enroll?	<ul style="list-style-type: none"> You must be retired, entitled to Medicare Part A and enrolled in Medicare Part B to join You must be eligible with your employer group and live in the plan's service area Individuals with End-Stage Renal Disease may not be eligible (exceptions exist)
When can I enroll?	<ul style="list-style-type: none"> The Initial Coverage Election Period (ICEP/IEP) (3 months prior to month of Medicare eligibility, the month of eligibility, and 3 months after) Group Annual Enrollment Period
What if I don't like it - when can I change to another plan or go back to Original Medicare?	<ul style="list-style-type: none"> Medicare Advantage Disenrollment Period (MADP) Jan. 1 – Feb. 14 each calendar year (may only be used to return to Original Medicare and if desired buy a Part D plan) Annual Election Period (AEP) Oct. 15 – Dec. 7 each year Group Annual Enrollment Period
Am I no longer in Medicare if I join a Medicare Advantage Plan?	<ul style="list-style-type: none"> You are still in the Medicare program; however, as long as you stay in the Medicare Advantage plan you are no longer enrolled in Original Medicare While enrolled in the Medicare Advantage plan, you will not show your red, white and blue Medicare ID card to a provider because you will receive a new ID card from Florida Blue
Why is it different?	<ul style="list-style-type: none"> Medicare Advantage plans cover everything that Original Medicare does, plus they may offer extra benefits (like Rx coverage), may require you to use a provider network and may charge a monthly plan premium (in addition to your Medicare Part B premium)
You may be able to get Extra Help to pay for your drug premiums and costs. To see if you qualify, call:	<ul style="list-style-type: none"> 1-800-MEDICARE (1-800-633-4227), TTY/TDD 1-877-486-2048, 24 hours a day, 7 days a week Social Security at 1-800-772-1213, M – F, 7 a.m. to 7 p.m. ET, TTY/TDD 1-800-325-0778 Your state Medical Assistance (Medicaid) Office
More info?	<ul style="list-style-type: none"> Visit www.Medicare.gov, or call Medicare at 1-800 MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048

BlueMedicare Group PPO Plan 1 Employer Group Waiver Plan (Part C – Medicare Advantage Plan)

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. You must continue to pay your Medicare Part B premium.



Lake County Board of County Commissioners 2014 BlueMedicare Group PPO Plan

Benefits	BlueMedicare Group PPO1
Premium (per member, per month)	\$377.66 for PPO1Rx1
Annual Deductible (DED)	\$0 In-Network / \$1,000 Out-of-Network
Out-of-Pocket Max	\$1,000 In-Network / \$3,000 Out-of-Network In-Network out-of-pocket max accumulates towards Out-of-Network out-of-pocket max
Services	
Primary Care (per office visit)	In-Network \$10 copay Out-of-Network Deductible & 20% coinsurance
Specialist Care (per office visit)	In-Network \$30 copay Out-of-Network Deductible & 20% coinsurance
Convenient Care Center	In/Out-of-Network \$30 copay
Urgently Needed Care	In/Out-of-Network \$30 copay
Emergency Services	In/Out-of-Network \$50 copay Worldwide Coverage
Ambulance	In/Out-of-Network \$150 copay for Medicare-covered services

Lake County Board of County Commissioners 2014 BlueMedicare Group PPO Plan

Benefits	BlueMedicare Group PPO1
Part B Drugs (including chemotherapy)	In-Network 20% coinsurance Out-of-Network Deductible & 20% coinsurance Office visit or facility copay/coinsurance may apply
Outpatient Mental Health Care (per visit) For Individual or Group Sessions Includes Partial Hospitalization	In-Network \$35 copay Out-of-Network Deductible & 20% coinsurance
Outpatient Substance Abuse Care (per visit)	In-Network \$35 copay Out-of-Network Deductible & 20% coinsurance
Outpatient Surgery	In-Network <ul style="list-style-type: none"> • \$150 copay for each outpatient hospital facility visit • \$100 copay for each visit to an ambulatory surgical center Out-of-Network Deductible & 20% coinsurance
Outpatient Surgery - Physician Services	In/Out-of-Network \$0 copay
X-rays at Independent Diagnostic Testing Facility (IDTF)	In-Network \$50 copay Out-of-Network Deductible & 20% coinsurance
Advanced Imaging (i.e. MRI, MRA, CT, etc.) Office and IDTF	In-Network \$125 copay Out-of-Network Deductible & 20% coinsurance

Lake County Board of County Commissioners 2014 BlueMedicare Group PPO Plan

Benefits	BlueMedicare Group PPO1
Inpatient Hospital Care (includes Substance Abuse)	In-Network <ul style="list-style-type: none"> • \$150 copay each day for day(s) 1-7 for a Medicare-covered stay in a network hospital • After the 7th day, the plan pays 100% of covered expenses per stay Out-of-Network Deductible & 20% coinsurance
Inpatient Mental Health Care	In-Network <ul style="list-style-type: none"> • \$200 copay each day(s) 1-7 for a Medicare-covered stay • \$0 for days 8-90 for a Medicare-covered stay 90-day limit per admission/benefit period 190-day lifetime limit in a psychiatric hospital Out-of-Network Deductible & 20% coinsurance
Skilled Nursing Facility (SNF) (in a Medicare-certified SNF)	In-Network <ul style="list-style-type: none"> • \$0 copay each day for days 1-20 per benefit period • \$75 copay each day for days 21-100 per benefit period 100-day limit for each benefit period Out-of-Network Deductible & 20% coinsurance

Lake County Board of County Commissioners 2014 BlueMedicare Group PPO Plan

Benefits	BlueMedicare Group PPO1
Hospice	Member must receive care from a Medicare-certified hospice
Podiatry Services (per visit)	In-Network \$30 copay Out-of-Network Deductible & 20% coinsurance
Chiropractic Services (per visit) For each Medicare-covered visit	In-Network \$20 copay Out-of-Network Deductible & 20% coinsurance
Allergy Injections	In-Network \$5 copay Out-of-Network Deductible & 20% coinsurance
Preventive Services	
Annual Screening Mammogram (for women with Medicare age 40 and older)	In-Network \$0 copay for Medicare-covered Breast Cancer screening Out-of-Network 20% coinsurance
Pap Smears and Pelvic Exam (for women with Medicare)	In-Network <ul style="list-style-type: none"> • \$0 copay per Pap Smear • \$0 copay per Pelvic Exam Out-of-Network 20% coinsurance
Bone Mass Measurement (for people with Medicare who are at risk)	In-Network \$0 copay for each Medicare-covered Bone Mass Measurement Out-of-Network 20% coinsurance

Lake County Board of County Commissioners 2014 BlueMedicare Group PPO Plan

Preventive Services	BlueMedicare Group PPO1
Colorectal Screening Exam (for people with Medicare age 50 & older)	In-Network \$0 copay for Medicare-covered Colorectal Screening Exam Out-of-Network 20% coinsurance
Prostate Cancer Screening Exam (for men with Medicare age 50 & older)	In-Network \$0 copay for Medicare-covered Prostate Cancer Screening Exam Out-of-Network 20% coinsurance
Vaccines (Medicare-covered)	In/Out-of-Network <ul style="list-style-type: none"> • \$0 copay for Influenza vaccine • \$0 copay for Pneumococcal vaccine • \$0 copay for Hepatitis B vaccine
Supplemental Benefit	
Fitness	Free membership through SilverSneakers To find a participating fitness center, please visit: silversneakers/member.com or call toll free 1-888-423-4632 or TTY 1-800-955-8771.

Lake County Board of County Commissioners 2014 BlueMedicare Group Prescription Drug Plan (PDP)

Benefits	BlueMedicare Group Rx Option 1
Premium	Included with PPO1Rx1
Deductible	\$0
Retail	31-day Supply
Tier 1 – Preferred Generics	\$10
Tier 2 – Non-Preferred Generics	\$10
Tier 3 – Preferred Brands	\$40
Tier 4 – Non-Preferred Brands	\$70
Tier 5 – Specialty Drugs	25%
Mail Order	90-day supply
Tier 1 – Preferred Generics	\$0
Tier 2 – Non-Preferred Generics	\$0
Tier 3 – Preferred Brands	\$80
Tier 4 – Non-Preferred Brands	\$140
Tier 5 – Specialty Drugs	25%

Lake County Board of County Commissioners 2014 BlueMedicare Group Prescription Drug Plan (PDP)

Benefits	BlueMedicare Group Rx Option 1
Coverage Gap - Retail	31-day Supply
Tier 1 – Preferred Generics	\$10
Tier 2 – Non-Preferred Generics	\$10
Tier 3 – Preferred Brands	\$40
Tier 4 – Non-Preferred Brands	\$70
Tier 5 – Specialty Drugs	25%
Catastrophic	<ul style="list-style-type: none"> • Greater of \$2.55 or 5% for Generic Drugs • Greater of \$6.35 or 5% for Brand Drugs

BlueMedicare Group PPO Plan 2 Employer Group Waiver Plan (Part C – Medicare Advantage Plan)

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.
You must continue to pay your Medicare Part B premium.



Lake County Board of County Commissioners 2014 BlueMedicare Group PPO Plan

Benefits	BlueMedicare Group PPO2
Premium (per member, per month)	\$310.21 for PPO2Rx2
Annual Deductible (DED)	\$0 In-Network / \$2,000 Out-of-Network
Out-of-Pocket Max	\$2,000 In-Network / \$4,000 Out-of-Network In-network out-of-pocket max accumulates towards Out-of-Network out-of-pocket max
Services	
Primary Care (per office visit)	In-Network \$35 copay Out-of-Network Deductible & 40% coinsurance
Specialist Care (per office visit)	In-Network \$50 copay Out-of-Network Deductible & 40% coinsurance
Convenient Care Center	In/Out-of-Network \$50 copay
Urgently Needed Care	In/Out-of-Network \$50 copay
Emergency Services	In/Out-of-Network \$65 copay Worldwide Coverage
Ambulance	In/Out-of-Network \$150 copay for Medicare-covered services

Lake County Board of County Commissioners 2014 BlueMedicare Group PPO Plan

Benefits	BlueMedicare Group PPO2
Part B Drugs (including chemotherapy)	In-Network 20% coinsurance Out-of-Network Deductible & 40% coinsurance Office visit or facility copay/coinsurance may apply
Outpatient Mental Health Care (per visit) For Individual or Group Sessions Includes Partial Hospitalization	In-Network \$40 copay Out-of-Network Deductible & 40% coinsurance
Outpatient Substance Abuse Care (per visit)	In-Network \$40 copay Out-of-Network Deductible & 40% coinsurance
Outpatient Surgery	In-Network <ul style="list-style-type: none"> • \$250 copay for each outpatient hospital facility visit • \$175 copay for each visit to an ambulatory surgical center Out-of-Network Deductible & 40% coinsurance
Outpatient Surgery - Physician Services	In/Out-of-Network \$0 copay
X-rays at Independent Diagnostic Testing Facility (IDTF)	In-Network \$100 copay Out-of-Network Deductible & 40% coinsurance
Advanced Imaging (i.e. MRI, MRA, CT, etc.) Office and IDTF	In-Network \$175 copay Out-of-Network Deductible & 40% coinsurance

Lake County Board of County Commissioners 2014 BlueMedicare Group PPO Plan

Benefits	BlueMedicare Group PPO2
Inpatient Hospital Care (includes Substance Abuse)	In-Network <ul style="list-style-type: none"> • \$250 copay each day for day(s) 1-7 for a Medicare-covered stay in a network hospital • After the 7th day, the plan pays 100% of covered expenses per stay Out-of-Network Deductible & 40% coinsurance
Inpatient Mental Health Care	In-Network <ul style="list-style-type: none"> • \$250 copay each day(s) 1-7 for a Medicare-covered stay • \$0 for days 8-90 for a Medicare-covered stay 90-day limit per admission/benefit period 190-day lifetime limit in a psychiatric hospital Out-of-Network Deductible & 40% coinsurance
Skilled Nursing Facility (SNF) (in a Medicare-certified SNF)	In-Network <ul style="list-style-type: none"> • \$0 copay each day for days 1-20 per benefit period • \$100 copay each day for days 21-100 per benefit period 100-day limit for each benefit period Out-of-Network Deductible & 40% coinsurance

Lake County Board of County Commissioners 2014 BlueMedicare Group PPO Plan

Benefits	BlueMedicare Group PPO2
Hospice	Member must receive care from a Medicare-certified hospice
Podiatry Services (per visit)	In-Network \$50 copay Out-of-Network Deductible & 40% coinsurance
Chiropractic Services (per visit) For each Medicare-covered visit	In-Network \$20 copay Out-of-Network Deductible & 40% coinsurance
Allergy Injections	In-Network \$10 copay Out-of-Network Deductible & 40% coinsurance
Preventive Services	
Annual Screening Mammogram (for women with Medicare age 40 and older)	In-Network \$0 copay for Medicare-covered Breast Cancer screening Out-of-Network 40% coinsurance
Pap Smears and Pelvic Exam (for women with Medicare)	In-Network <ul style="list-style-type: none"> • \$0 copay per Pap Smear • \$0 copay per Pelvic Exam Out-of-Network 40% coinsurance
Bone Mass Measurement (for people with Medicare who are at risk)	In-Network \$0 copay for each Medicare-covered Bone Mass Measurement Out-of-Network 40% coinsurance

Lake County Board of County Commissioners 2014 BlueMedicare Group PPO Plan

Preventive Services	BlueMedicare Group PPO2
Colorectal Screening Exam (for people with Medicare age 50 & older)	In-Network \$0 copay for Medicare-covered Colorectal Screening Exam Out-of-Network 40% coinsurance
Prostate Cancer Screening Exam (for men with Medicare age 50 & older)	In-Network \$0 copay for Medicare-covered Prostate Cancer Screening Exam Out-of-Network 40% coinsurance
Vaccines (Medicare-covered)	In/Out-of-Network <ul style="list-style-type: none"> • \$0 copay for Influenza vaccine • \$0 copay for Pneumococcal vaccine • \$0 copay for Hepatitis B vaccine
Supplemental Benefits	
Fitness	Free membership through SilverSneakers To find a participating fitness center, please visit: silversneakers/member.com or call toll free 1-888-423-4632 or TTY 1-800-955-8771

Lake County Board of County Commissioners 2014 BlueMedicare Group Prescription Drug Plan (PDP)

Benefits	BlueMedicare Group Rx Option 2
Premium	Included with PPO2Rx2
Deductible	\$75 for Brand Drugs Only
Retail	31-day Supply
Tier 1 – Preferred Generics	\$15
Tier 2 – Non-Preferred Generics	\$15
Tier 3 – Preferred Brands	\$45
Tier 4 – Non-Preferred Brands	\$85
Tier 5 – Specialty Drugs	25%
Mail Order	90-day supply
Tier 1 – Preferred Generics	\$8
Tier 2 – Non-Preferred Generics	\$8
Tier 3 – Preferred Brands	\$135
Tier 4 – Non-Preferred Brands	\$255
Tier 5 – Specialty Drugs	25%

Lake County Board of County Commissioners 2013 BlueMedicare Group Prescription Drug Plan (PDP)

Benefits	BlueMedicare Group Rx Option 2
Coverage Gap - Retail	31-day Supply
Tier 1 – Preferred Generics	\$15
Tier 2 – Non-Preferred Generics	\$15
Tier 3 – Preferred Brands	\$45
Tier 4 – Non-Preferred Brands	\$85
Tier 5 – Specialty Drugs	25%
Catastrophic	<ul style="list-style-type: none"> • Greater of \$2.55 or 5% for Generic Drugs • Greater of \$6.35 or 5% for Brand Drugs

BlueMedicare Group PPO Plans' Sample ID Card

One card for both Health and Prescription Drug Benefits



BlueMedicare
Medicare Advantage | Group PPO
('Employer PPO')

Member Name	BC 090	BS 590
J J Test	RxBIN	012833
Member Number	RxPCN	MedDPrimeG
XJLH98765432	RxGrp	H5434
	Issuer	80840

Printed Date: MMDDYYYY

Group Number 9999712301
Group Name, Inc.

MEDICARE ADVANTAGE

MedicareRx
Prescription Drug Coverage
CMS H5432-801

www.BlueMedicareFL.com

Member Services 1-800-926-6565
Member Services TTY 1-800-955-8770
Outside of Area 1-800-810-BLUE (2583)
Provider Services 1-800-727-2227
Rx Help Desk 1-888-877-6420

Medicare limiting charges may apply. This card is for identification only and is non-transferable. It does not automatically guarantee eligibility for benefits or create any legal obligations. Consult your Evidence of Coverage for complete benefit information.

Participating Providers: Collect for member cost share & any non-covered services only. Patient is not responsible for the difference between your charge & our allowance. Some services require prior authorization or notification.

Health Claims: PO Box 1798 Jacksonville, FL 32231
Rx Claims: PO Box 14429 Lexington, KY 40512

Out of State Providers: Submit all claims to the BCBS Plan Licensee serving your area.
Pharmacies: For helpful information, visit BlueMedicareFL.com

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc. an Independent Licensee of the BCBS Association.

BlueMedicare Group Part D Prescription Drug Plans (PDP)

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. You must continue to pay your Medicare Part B premium.



How to Read Our Drug Formulary

Drug Tiers:

- Tier 1 - Preferred Generic Drugs
- Tier 2 - Non-Preferred Generic Drugs
- Tier 3 - Preferred Brand Drugs
- Tier 4 - Non-Preferred Brand Drugs
- Tier 5 - Specialty Drugs

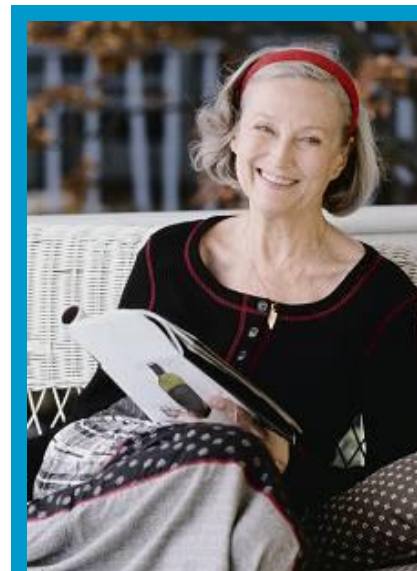
Utilization Management Programs:

Designed to encourage responsible use of prescription drugs:

- Step Therapy – you may be required to try a lower cost drug to treat that condition before a more expensive drug is covered.
- Quantity Limits – there may be limits on the number of pills that may be dispensed over a period of time.
- Prior Authorization - you may have to get authorization from the plan before the plan will pay for this drug.

Part B vs. Part D:

- Certain drugs may be covered by Medicare Part B or Part D, depending on the circumstances.



Drug Name	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
NEUPOGEN	4				
pentoxifylline ER	1				
PERSANTINE	3				
PLAVIX 75 mg	2				
PLETAL	3				
PROCRIT 2000, 3000, 4000, 10,000 units/mL	3	X	•		
PROCRIT 20,000, 40,000 units/mL	4	X	•		

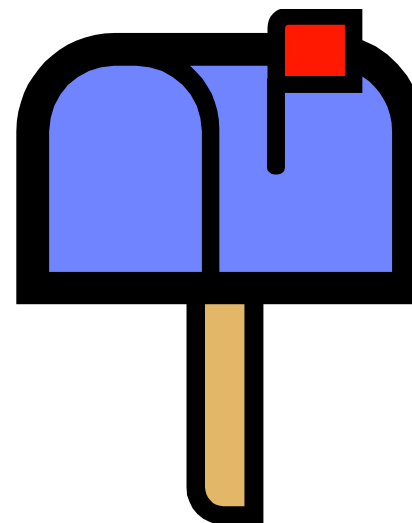
Why Choose PRIMEMAIL® Home Delivery?

There are several reasons to choose **PrimeMail®**

Home Delivery:

- 31-, 60-, or 90-day supplies are available
- Rx1 has coverage in the coverage gap and offers a \$0 copay for a 90-day supply for Tier 1 and Tier 2 Generic drugs when you use PrimeMail
- Rx2 also has coverage in the coverage gap and offers an \$8 copay for a 90-day supply for Tier 1 and Tier 2 Generic drugs when you use PrimeMail
- Order by phone, online or by mail
- Included at no extra cost with all plans
- Eliminates the hassle associated with picking up prescriptions
- Saves gas!

PRIMEMAIL®



More Features
Discounts, Value, Information



More Features

Blue365® Member Discounts

Various discounts for supplies and services are automatically included in your Florida Blue membership.

Examples include:

- Health and wellness services and product discounts
- Weight management product discounts

Additional Services

When you enroll, you'll automatically have online access to view your health and prescription drug information, including:

- Claims data
- Prescription history
- Benefit Information
- Health and wellness resources
- WebMD
- Provider directory